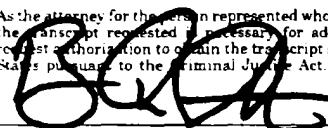






CR 98-5E

CK# 73006022

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (5-99)

1. CIR. DIST. DIV. CODE 031501		2. PERSON REPRESENTED Marcresse McCoy		VOUCHER NUMBER 051018000014	
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER CR 98-52		5. APPEALS DKT. DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE MATTER OF (Case Name) U.S.A. v. Joseph Barnette (1) & Marcresse McCoy (2)		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:		10. REPRESENTATION TYPE (See Instructions) MA			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense. USC 21:846 (Count 1s); 21:841(a)(1), 21:841(b)(1)(A)(iii) & 18:2 (Count 2s); 21:841(b)(1)(C) & 18:2 (Count 3s); 18:922(G)(F) (Count 5s)					
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Briefing					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 09-16-05 Evidentiary Hearing held before The Honorable Sean J. McLaughlin					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant):					
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney Bruce A. Antkowiak, Esquire Printed Name Telephone Number: (724)837-2100 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court 9/21/05 Date of Order Name Print Date		
<b>CLAIM FOR SERVICES</b>					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Ron Bench, Court Reporter 17 S. Park Row U.S. Courthouse Erie, PA 16501 Telephone Number: (814)464-9613		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 182-50-9414					
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1 - 69	69	3.30	227.70	
Copy					
Expenses (itemize):					
TOTAL AMOUNT CLAIMED :					\$ 227.70
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment, compensation, or anything of value, from any other source for these services. Signature of Claimant/Payee  Date 10/6/05					
<b>ATTORNEY CERTIFICATION</b>					
22. CERTIFICATION OF APPOINTMENT OR HIRE  Signature of Attorney or Clerk 10-10-05 Date					
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>					
23. APPROVED FOR PAYMENT  Signature of Judicial Officer or Clerk of Court 10/13/05 Date					24. AMOUNT APPROVED \$ 227.70 ✓